

# CLAIMS ONLY

SERIAL NO.

09/830, 045

FILING DATE

APPLICANT(S)

## CLAIMS

|  | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--|----------|------|------------------------|------|------------------------|------|
|  | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1  | /        |      |                        |      |                        |      |
| 2  |          | /    |                        |      |                        |      |
| 3  |          | /    |                        |      |                        |      |
| 4  |          | /    |                        |      |                        |      |
| 5  |          | /    |                        |      |                        |      |
| 6  |          | /    |                        |      |                        |      |
| <hr/>  |          |      |                        |      |                        |      |
| 8  |          | /    |                        |      |                        |      |
| 9  |          | /    |                        |      |                        |      |
| 10   |          | /    |                        |      |                        |      |
| <hr/>  |          |      |                        |      |                        |      |
| <div style="border: 2px solid black; height: 400px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-left: 2px solid black; border-right: 2px solid black;"></div> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-top: 2px solid black; border-bottom: 2px solid black;"></div> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-left: 2px solid black; border-right: 2px solid black;"></div> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-top: 2px solid black; border-bottom: 2px solid black;"></div> </div> |          |      |                        |      |                        |      |
| <hr/>  |          |      |                        |      |                        |      |
| 47   |          | /    |                        |      |                        |      |
| 48   |          | /    |                        |      |                        |      |
| 49   |          | /    |                        |      |                        |      |
| 50   |          | /    |                        |      |                        |      |
| TOTAL IND.   | /        | ↓    |                        | ↓    |                        | ↓    |
| TOTAL DEP.   | /        | ↓    |                        | ↓    |                        | ↓    |
| TOTAL CLAIMS   | 12       |      |                        |      |                        |      |

|              | *    |      | *    |      | *    |      |
|--------------|------|------|------|------|------|------|
|              | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51           |      |      |      |      |      |      |
| 52           |      |      |      |      |      |      |
| 53           |      |      |      |      |      |      |
| 54           |      |      |      |      |      |      |
| 55           |      |      |      |      |      |      |
| 56           |      |      |      |      |      |      |
| 57           |      |      |      |      |      |      |
| 58           |      |      |      |      |      |      |
| 59           |      |      |      |      |      |      |
| 60           |      |      |      |      |      |      |
| 61           |      |      |      |      |      |      |
| 62           |      |      |      |      |      |      |
| 63           |      |      |      |      |      |      |
| 64           |      |      |      |      |      |      |
| 65           |      |      |      |      |      |      |
| 66           |      |      |      |      |      |      |
| 67           |      |      |      |      |      |      |
| 68           |      |      |      |      |      |      |
| 69           |      |      |      |      |      |      |
| 70           |      |      |      |      |      |      |
| 71           |      |      |      |      |      |      |
| 72           |      |      |      |      |      |      |
| 73           |      |      |      |      |      |      |
| 74           |      |      |      |      |      |      |
| 75           |      |      |      |      |      |      |
| 76           |      |      |      |      |      |      |
| 77           |      |      |      |      |      |      |
| 78           |      |      |      |      |      |      |
| 79           |      |      |      |      |      |      |
| 80           |      |      |      |      |      |      |
| 81           |      |      |      |      |      |      |
| 82           |      |      |      |      |      |      |
| 83           |      |      |      |      |      |      |
| 84           |      |      |      |      |      |      |
| 85           |      |      |      |      |      |      |
| 86           |      |      |      |      |      |      |
| 87           |      |      |      |      |      |      |
| 88           |      |      |      |      |      |      |
| 89           |      |      |      |      |      |      |
| 90           |      |      |      |      |      |      |
| 91           |      |      |      |      |      |      |
| 92           |      |      |      |      |      |      |
| 93           |      |      |      |      |      |      |
| 94           |      |      |      |      |      |      |
| 95           |      |      |      |      |      |      |
| 96           |      |      |      |      |      |      |
| 97           |      |      |      |      |      |      |
| 98           |      |      |      |      |      |      |
| 99           |      |      |      |      |      |      |
| 100          |      |      |      |      |      |      |
| TOTAL IND.   |      | ↓    |      | ↓    |      | ↓    |
| TOTAL DEP.   |      | ↓    |      | ↓    |      | ↓    |
| TOTAL CLAIMS |      |      |      |      |      |      |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS